

**FAQs: Health care providers (1/31/2020)**

**What should we do if someone presents to the healthcare facility where I work with suspected 2019 novel coronavirus?**

At registration, please ask all patients with a fever or respiratory symptoms (cough, shortness of breath etc) about travel to China and or contact with a [person under investigation \(PUI\)](#) for, or with confirmed, 2019 novel coronavirus infection. If a patient has a fever, lower respiratory symptoms and travel to China or contact with a PUI for 2019 novel coronavirus, immediately place them in a private room with the door closed, out of the waiting room (ideally an airborne isolation room), offer them a surgical mask, and call your local health department to report this suspected PUI.

If you are in an outpatient facility, testing should not be performed before transport to an inpatient facility.

**Are there signs to put up around my healthcare facility to inform patients about 2019 novel coronavirus?**

Yes, IDPH has developed suggested signs advising patients to alert providers if they have symptoms and exposures compatible with 2019 novel coronavirus. These signs can be found under the Resources tab on the IDPH coronavirus website: <http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus>

**Can my healthcare facility receive suspect cases of 2019 novel coronavirus?**

Any healthcare facility that can ensure airborne isolation is able to receive and treat suspect cases of 2019 novel coronavirus.

**What is the criteria to be a [Person Under Investigation for 2019 novel coronavirus](#)? (1/31/2020)**

Clinical features	and	Epidemiological risk
Fever (100.4F or above) <sup>1</sup> <b>or</b> symptoms of lower respiratory illness (e.g. cough, difficulty breathing)	and	Within 14 days of symptom onset:  Any person, including health care workers, who has had close contact <sup>2</sup> with a laboratory-confirmed <sup>3,4</sup> 2019-nCoV patient
Fever (100.4F or above) <sup>1</sup> <b>and</b> symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	Within 14 days of symptom onset:  A history of travel from <b>Hubei Province</b> , China
Fever <sup>1</sup> (100.4F or above)  <b>or</b> symptoms of lower respiratory illness (e.g., cough, difficulty breathing) requiring hospitalization <sup>4</sup>	and	Within 14 days of symptom onset:  A history of travel from mainland China

<sup>1</sup>Fever may be subjective or confirmed. Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications. Clinical judgment should be used to guide testing of patients in such situations.

<sup>2</sup>Close contact is defined as—

a) being within approximately 6 feet (2 meters), or within the room or care area, of a novel coronavirus case over 10 minutes while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a health care waiting area or room with a novel coronavirus case.— *or* —

b) having direct contact with infectious secretions of a novel coronavirus case (e.g., being coughed on) while not wearing recommended personal protective equipment.

See CDC's updated [Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation for 2019 Novel Coronavirus](#).

When assessing close contact, include consideration of the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with 2019-nCoV (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings.

<sup>3</sup>Documentation of laboratory-confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries.

<sup>4</sup>Category also includes any member of a cluster of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which 2019-nCoV is being considered that requires hospitalization. Such persons should be evaluated in consultation with state and local health departments regardless of travel history.

### **What infection control precautions should be practiced when evaluating a possible case of 2019 novel coronavirus?**

For all patients being evaluated for 2019 novel coronavirus, the following infection control procedures should be followed:

- Standard precautions
- Contact precautions (gloves, gown)
- Eye protection (e.g., goggles, face shield)
- Airborne precautions (e.g., N95 mask or PAPR)

More details of appropriate infection control practices can be found in WHO guidance, linked to on the IDPH coronavirus website.

<http://dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus>

WHO Guidelines: <https://apps.who.int/iris/bitstream/handle/10665/330375/WHO-2019-nCoV-IPC-v2020.1-eng.pdf?sequence=1&isAllowed=y>

**If a person meets the criteria for being a Person Under Investigation, what specimens are needed for confirmatory testing?**

CDC is currently the only US laboratory performing confirmatory testing for 2019 novel coronavirus. To submit samples for testing, you **MUST** have an authorization code from your local health department, who will determine if this patient meets PUI criteria - please contact your local health department at the earliest opportunity to make this determination.

The following specimens are required to diagnose 2019 novel coronavirus:

1. Lower respiratory tract specimens (e.g. sputum, bronchoalveolar lavage, tracheal aspirate, or pleural fluid)
2. Upper respiratory tract specimens (specifically a nasopharyngeal swab AND oropharyngeal swab (NP/OP swab))
3. Serum (1 tube of whole blood in a serum-separator tube)

Stool and urine samples may also be useful, please collect and send them if available.

The samples should be refrigerated at 2-8°C and transport on cold pack to any IDPH laboratory with an IDPH test requisition for *each specimen* collected. IDPH may be able to receive specimens out of hours or on weekends, with coordination in advance.

More details can be found in the Checklist for Healthcare Providers on the IDPH coronavirus website.

<http://dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus>

Once received by the CDC, results are usually communicated within 24-48 hours.

**Is there cross-reactivity with other coronavirus tests, e.g. on the respiratory viral panel?**

No, CDC does not believe there will be cross-reactivity between the four coronaviruses on most commercially available respiratory viral panels (e.g. BioFire) and the 2019 novel coronavirus. Thus if a patient tests positive for coronavirus 229E, NL63, OC43 or HKU1 they would not be expected to be at any higher risk of 2019 novel coronavirus.